2411 N. Charles St., Baltimore

Reg. Dist. No. 6

3. (b) Social Security Number

CERTIFICATE OF DEATH 1. PLACE OF DEATH: Caroline

Greensboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 Yrs. Hospital, institution, or street address where death occurred:

How long in hospital or institution?....

3. (a) FULL NAME

Single White

S.(b) Name of husband or wife.....

January 4th. 1890 deceased (mo., day, yr.) If less than one day

8. AGE: 58

9. Birthplace Camden Delaware (Town, county, and state) Housework

1D. Usual occupation.... 11. Industry or business

12. Name Henry Arnold Penna.

14. Maiden name Mary E. Hurd 15. Birthplace Delaware

16. Interment Mrs. David Hopkins Address Norfolk, Virigina.

17. Burial (Burial, cremation, or removal, Which?)

Cemetery or crematory Greensboro Greensboro. Maryland.

18. Funeral director. Raymond B. Rawlings

Greensboro, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)

State Maryland County Caroline

Greensboro
(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

MEDICAL CERTIFICATION

20. DATE OF DEATH. February 14 19 48 21 220 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did injury occur?(City or town) (County) Injured at home, farm, industry, public place (where?)

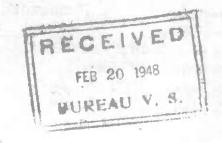
BINDING

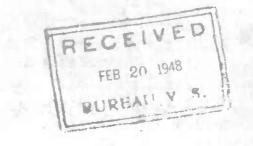
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

01486

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give relidence of mother)
County The County	
City or town (If outside city or town limits, write RURAL and give nearest town)	State May Laure County County
	City or town Thesland - Likal Toute V
Now long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
	Street No. 1. Hest J. Starmany
	(If fural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ducenda M. D.	earth,
4. Sex 5. Color or gace 6.(a) Single, manied, widowed, or divorced	MEDICAL CERTIFICATION
7 018: 01:1	MEDICAL CERTIFICATION
2. Mille /redawed	20. DATE OF DEATH TIEST IN M
mul. Deadle-	21, 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband contients of the Control of t	Marha 15 ,19 43 10 February 4.19 48
7. Birth date of	and that I last saw her alive on February 4 19 48
7. Birth date of deceased (mo., day, yr.) Let -19-1864	Marcos wat of
8. AGE: Years Months Days New than one day	Immediate cause of death 11/0 Carulal 2 DURATION 2 MOS
0, 100	- arrare
83 11 15	
9. Birthpiace Gallia Chies	oue to eneralized Arterigsclerais
9. Birmpiace	and Chronic Myocarditis 10yrs,
10. Usual occupation Lettered & accepted	
	Due to
11, Industry or business	unhealed fracture right 8 Vrs
E 12. Name All Many X Miller	Other conditions
X 13. Birthplace Chis	
# 14 Marien name Mary are for Dridaman	Erpery (Include pregnancy within 3 months of death)
14. Malden name Well Management	Major findings of operations.
15. Birthplace / July	Date of op.
16. Informant Muse Was Schiff	Autopsy results
Partie Just (R)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jungon May Via.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, accountion or rangonal Whitehir) (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or company Mishiel Childles	Where did injury occur?
Lange stiller Adamske	Injured at home, farm, ipstratry, public place (where?)
Location The Location Control of the Location Control	Means of thjury Injured at work?
18. Funeral director Alexa Trille Justice	Manus or minist
01 01	A CATO
Address Harrington, Delivace	23. SIGNATORE CLESS CONTINUED CONTIN
19. 2/5/48 19 (Cornel & Plummer)	Preston Paryland M.D. or other /48
(Date rec'd by registrar)	Address

FFB 7 1948 BUREAU PR 1. PLACE OF DEATH:

3. (a) FULL NAME

4. Sex

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

5. Color or race

Col.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1610

01487

CERTIFICATE OF DEATH

OF DEATH	Reg. Diat. N	0.20
2. USUAL RESIDENCE (HC	ME) OF DECEASED:	
state Maryland	County Carolin	le
City or town	on Rural	ive nearest town)
Street No(if	rural, give LOCATION)	
2.(α) if veteran, name war		
	3. (b) Social Sec	urity Number
AND DESCRIPTION OF THE PARTY OF		x
MEDI	CAL CERTIFICATION	N
2D. DATE DE DEATH Peb.	14 194	8 1115P W
21. I CERTIFY that death occurred on	the date above stated: that I attended the date of the	ded deceased from
Immediale cause dath		DURATION
Olales	Jans	
Due to		

(include pregnane	y within 3 months of death)	
	Date of op	
Autopsy results	cause to which death should he cl	harged, statistically,
22. VIOLENCE: If death was due to	external causes, fill in the following	
Accident, sulcide, or homicide,	Date of	
Marie and the first second		

9. BirthglaceHen	derson (Town, e	Caroline,	Maryland.
1D. Usual occupation		X	•••••
11. Industry or business		x	
12. NameJo	hn Denb	Y	
13. Birthplace	Dover. D	elaware.	
H 14. Maiden name	Rosie	Keys	Virginia
2 15. Birthplace K1	ng Georg	e County.	Virginia.
16. Informant Ros	ie Stan	ford	
Address He	nderson.	Maryland	Rural
Buria (Burial, cremation, c	r removal, Which?)	Date thereof(m	2/16/48 onth) (day) (year)
Cemetery or crematory	Union	2	
			aruland.
		sboro, M	
18. Funeral director	Raymond	B. Rawlin	gs
Address Gre	anghara	Maryland	, ,
2./1/	40	Maryland	· 6. 6
19. (Date/rec'd by regi	19T.	a 6	Registrat

Feb. 14,1948

Caroline

14 Hours

Single

If less than one day

14

SIGNATIVE Stearles

(City or town)

Injured at home, farm, industry, public place (where?)

Free July

Trecusto

2 - 15

(County)

FEB 20 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

1310

01488

CERTIFICATE OF DEATH

Reg. Dist. No. 64

	TOP: Plate 1 to minimum minimum	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
	State Thanyland County Carolina	
City or town. Jesuralsburg - Rural (If outside city of town limits, write RURAL and give nearest town)		
How long in above place of death?	City or town (If outside city or town limity, write RURAL and give nearest town)	
Hospital, Institution, or street address where de/th occurred:	Street No. River Road	
River Road	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Samuel J. Jones	183-10-1397	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male Colored Married	20. DATE OF DEATH February 15 19 48 at 10:50 P.	
6.(b) Name of husband or wite Janes	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from	
	6/15/45- 18, 10 74-15- 1948	
7. Birth date of	and that last saw h / A) alive on 7 5- 1848	
deceased (mo., day, yr.) February 28, 1880	Immediate cause of death OURATION	
8. AGE: Years Months Days If less than one day	Cardio- Voscelar	
67 // /7hrsmin.	Renal Disease With. 1945.	
Donalestes County, Maryland	my perfension	
9. Birthplace Dorchester Country Maryland (Town, country, and state)	DUE TO	
10. Usual occupation Day tabour		
11. Industry or business Chicken Dressing Plant	Due to	
# 12. Name Aprices Jones	Other conditions Ineralezzed arlanoclaures	
	Other conditions.	
\$ 13. Birthplace Baltimore County Thoughand	(Include pregnancy within 3 months of death)	
14. Malden name L. Jane Strawberry 15. Birthplace Dorchester Gunty, Maryland	Major fiedings of operations.	
2 15. Birtholace Dorchester County Maryland	Date of op.	
LI - 71 land	Actorsy results.	
- //	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.	
Address Federalsburg Maryland	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
17. Buial Date therest February 18, 1948	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (asy) (year)		
Cemetery or crematory Ylashington Colored Coffnetery	Where did injury occur?	
Location Tear Hurlock Karyland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director & g. Frampton kind Son	Msans of Injury Injured at work?	
7 .00	1189 has	
Address traderalsburg, Maryland	23. SIGNATURE DESIGNATURE	
10 February 16 10 48 5 J. Fream Stone	M. D. or other	
(Date ree'd by registrar)	Address Lacusting ///// Date signed 2 - / 6. 4	

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. Indimportant. Physicians: please write the causes of death clearly and legibl

VS A15 9-45

WRITE PLAINLY, is especially

PLEASE

RECEIVED

FEB 21 1948

BUREAU V. S.



PLEASE WRITE

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2411 N. Charles St., Baltimore

01488

			CERTIFIC	CATE	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town			JRAL and give nearest town)	State Maryland county Caroline City or town Goldsboro Rural (If outside city or town limits, write RURAL and give nearest town)	
nospital, institution, or st	iser anniege where r	cam occurred			Street No
			X	1.0	2.(a) It veteran, name war
3. (a) FULL NAME	Col	hanin	e Virginia	Ro	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	110	MEDICAL CERTIFICATION
F.	Col.	Wid	.owed		20. DATE OF DEATH February 24 1948 310A
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)) If alive, give age		21. I CERTIFY that death occurred on the date above stated; that datended deceased from Alex. 19.47, to 7.44, 2.4 19.48 and that I last saw help alive on 74.4, 2.3 19.48.
8. AGE: Years	Months	Days	It less than one day		Immediate supple death DURATION DURATION
82	5	10	hrs,	min.	
	Hous	ewife Carr	ne, Md.		Due to Die to Die to Die to
- 41			OMG		(Include pregnancy within 3 months of death)
14. Maiden name Francis Mathews 15. Birthplace Maryland					Major findings of operations.
15. Birthplace Maryland 16. Informant Mrs. Josie E. Dickerson					Autopsy results
Address Goldshoro Rural Md. 17 Burial 2/27/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Union					22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Near Greensboro, Md.					Injured at home, farm, Industry, public place (where?)
18. Funeral director Raymond B. Rawlings Address Greensboro Md.			lings	0	Means of Injury Injured at work?
19. 2/25 19 48 a Clock Amuth				k gistrar	23. SIGNATURE M. D. or other 148. Address Delustono Md. a. Dato signed 2/25/48.



2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No. 19
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fenale Colored Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH February 29 148 1/2 Noons
7. Birth date of deceased (mo., day, yr.) February 14, 1861 8. AGE: Years Months Days If less than one day 87 0 15 hrs. min. 9. Birthplace Carolina County Mayland (Town, eighty, and style) 10. Usual occupation Housework 11. Industry or business Home 12. Name Milliam Baynard 13. Birthplace Carolina County Mayland 14. Maiden name Lusan F 15. Birthplace Carolina County Mayland	and that I last saw hear alive on Test 2 18 4 2 18
16. Informant The Lillie Dyler	Antopsy results
Address Senton, Maryland, 12. 17. Bund, 1948 17. Bund Date thereof March 3 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Sand Paul Control Location Lead Control Maryland 18. Funeral director J. Framptonn and Son Address Felendesburg Maryland 19. Marsela 2 1948 5. J. Frampton (Date rec'd by registrar)	22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

BINDING MARGIN RESERVED FOR

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PLEASE



MAR 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, '

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

73d

01491 Reg. Dist. No. 4

CERTIFICATE OF DEATH

. PLACE OF D	Car	oline	2. USUAL RESIDENCE (HOME) (For newborn infants give residence o	f mother)	
ounty		Rural	State Maryland C		
tow long in above pla	ce of death?or street address where d	2 t Yrs.	City or town Greensboro (If outside city or town limi		own)
low tong in hospital		X -	2.(a) If veteran, name war		************
B. (a) FULL NAI	ME	Sexton		3. (b) Social Security Numb	er
I. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
p	White	Single	20. DATE OF DEATH Pebruary	17 1948 at 8	320 P
7 Birth date of	nd or wile	5.(c) It alive, give ageyears	21. I CERTIFY that death occurred on the date a	bove stated: That attended deceased to	om 19 48
	ars Months	Days tt less than one day	Immedia Tot death Ruft	carellos	DURATION
80	5	.11hrsmin.	0.		
	Housey	City New York ounty, and state) ork	Due to. Wileuw 5 cleft Due to.		
至 12. Name N	o Record		Dther conditions	•	
13. Birthplace	No Record		(Include pregnancy within	3 months of death)	
in i	No Reco	ord	Major findings of operations		
16. IntermantC		. Releif Records	Actopsy results		
17 Buri	al	2/22/12	22. VIOLENCE: It death was due to external of Accident, suicide, or homicide	Date of	
		boro, Maryland.	injured at home, tarm, industry, public place	(where?))
			Maans of injury	injured at work?	
tB. Funeral director. Raymond B. Rawlings Address Greensboro. Maryland.			23. SIGNATURE Viewla &	Speen for to a	D
1 4	2/ 19/4 t	0 00 - 11	Address Trems for	here Date signed	985

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FEB 25 1948

BI'REAU V. S.

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1. PLACE OF DEATH:

County.

Caroline

Federalsburg

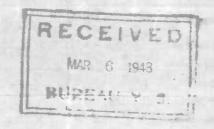
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01492

C	UF	DEATH	Reg. Dist. No. 64
2	. USUA	L RESIDENCE (HOM!	E) OF DECEASED:
S	tate	Md.	County Language
0	ity or tow		limits, write RURAL and give nearest town)
3	treet No	E. Can	Xnal Dye.
		(If rural	give LOCATION)
2	.(a) It ve	eran, name war)

Hospital, institution, or	street address where d	full life eath occurred: ntral Ave no	The same of the sa
3. (a) FULL NAM			
		D SMITH	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male	colored	widowed	20. DATE OF DEATH 2/25/48 19
6.(b) Name of husband dece 7. Birth date of deceased (mo., day,)	ased	e Smith	21. I CERJAFY that death occurred on the date above stated; that pattended deceased from 19.47. fto 25. 19.47. and that I last saw h
8. AGE: Years 73		Days It less than one day 25hrsmi	Immediate cause of death DURATION 2-3/0-
10. Usual occupation	laborer 2	Dunty, and state)	Due to
14. Malden name		te Bradley d.	(Include pregnancy within 8 months of death) Majnr findings of operations
	fiedell P	inket	Autopsy results.
	deralsbur	e. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buria (Burial, eremation, Cemetery or cremato	orremoval. Which?) Fed era	Date thereof 2/27/48 (month) (day) (year) 1 Hill Cem.	
	deralsbu		the in the Molling
	2.7 19.48	T .1	23. SIGNATURE M. D. or other Address Date signed 2/3/4/4



2411 N. Charles St., Baltimore

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01493

CERTIFICATE OF DEATH

eg. Dist. No. Co

				<u> </u>		Keg. Dist. Ho.	
1. PLACE OF DI	EATH:				2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
Caroline					State Maryland	County Caroline	
City or town					Labrer oll	mits, write RURAL and give ne	arest town)
Hospital, Institution,	or street ad	Idress where o	death occurred:		Street No.		
					(If rural, 1	give LOCATION)	
How long in hospital		on?			2.(a) If veteran, name war		
3. (a) FULL NAM		Molli	e E.	Smi th		3. (b) Social Security	Number
4. Sex	5. Colo	or race	6.(a)Single	Smith , married, widowed, or divorced	MEDICAL	CERTIFICATION	
P	Wh:	ite	Wid	lowed	20. DATE OF DEATH Feb. 19	19 48	.845 A.
6.(b) Name of husban	d or wife	Fra	nk S	Smith	21, I CERTIFY that death occurred on the date	above called; that Lattended dec	eased from
***************************************			B.(e) If alive, give ageyears	Jai/	12/16	18
7. Birth date of deceased (mo., day				25, 1866	and that I last saw harmalive on		DURAJON
8. AGE: Yea		onths	Days	If less than one day	Immediate cause of death	usu/	10000
81		1	25	hrsmin.	7		
9. Birthplace Marydel Caroline Maryland (Town, county, end state) Housewife					Due to	us (Servall)	6/110
11. Industry or busing	ess			ж .			***
F				1g	Other conditions		
13. Birthplace Maryland 14. Malden name Elizabeth Whitby 15. Birthplace Maryland					(Include pregnancy with) Major fiedings of operations		
2 15. Birthplace		Maryl	and			Date of op	
Address 809 Green St. Marcus Hook, Pa. Burial Date thereot. 2/22/48 (Burial, cremation, or removel, Which?)					Actopsy results	o which death shoold he charge	d statistically.
					22. VIOLENCE: tf death was due to externa Accident, suicide, or homicide	d causes, till in the following:	
Cemetery or crematory. Templeville					Where did injury occur?(City or to		
Location Templeville, Maryland.					Injured at home, tarm, industry, public place		••••
1B. Funeral director					Means of Injury	Injured at work?	
Address				aryland.	23. SIGNATUSA	selve	
19. 2/ 20 (Date rec'd by	registrar)	19 4 8	a.	Plank Smith Registrar	Addres (Olfobord)	M. D. Date signer	2/204

WITH UNFADING INK. Supply every item of information important. Physicians: please write the causes of death cle

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FOR

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MAR 2 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

01494

1 1 / MAR 11 1949 CERTIFICATE OF DEATH

MIN 110. G 114 MAN 11 1340	Reg, Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newhorn infants give residence of mother)
Mul D Mad-an Mak.	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Marydul. Pural.
ow long in above place of death?	(If outside city of town limits, write RURAL and give nearest town
spital, Institution, or street address where death occurred:	Street No.
	2.(a) It veteran name war world Wav # 1 #
ow long In hospital or institution?	
(a) FULL NAME	3. (b) Social Security Number
Williams Thomas	
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. w. married.	20. DATE OF DEATH 726 29 10 48 21 9
1111	
(b) Name of husband or wite Medical V horman .	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 44	19, to
Birth date of Trans. 14. 1801-	and that I last saw halive on
deceased (mo., day, ye.)	Immediate cause of death
. AGE: Years Months Days If less than one day	
52 03 9 11hrs.	min. / leve / Hurrandeles had
Birtholon Keus Co. Del.	Que to.
(Town, county, and state)	
D. Usual occupation. Harney	. lalus Volcionis
	Due 100
11. industry or business	
12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Elizabath Cwtbag	
14. Maiden name	Major fiediogs of operations
El 15. Birthplace	
16. Informant Mrs. Musical V normas	Autopsy results.
Address mary dell. Mid.	PHYSICIAN: Please noderline the cause to which death should be charged statistical
	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
MIT / Velene	Where did injury occur? (City or town) (County) (State)
Gemetery or crematory	
Location / Leav Service Ma	Injured at home, farm, Industry, public place (where?)
Ray smoud B. Nawley	Meens of Injury Injured at work?
o. runeral director	11. 014
Address & Regus over ma.	23. SIGNATURE A VILLOUSIN O SLOVE
2127 48 a Clark Ameth	Brely Medical Transay M. D. or other
9	· 0 7 2. A

Registrar

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MAR 2 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carolina			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Maryland County Caroline City or town Laderalsong - Rural (If outside city or town lights, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Sireet No. Thear american Corner		
Hear american Corner	Street No		
How long in hospital or institution?	2.(a) tf veteran, name war.		
	III. The second		
3. (a) FULL NAME Samuel L. Trice	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male thate Widowed	7 / / / / F / N		
	20. DATE OF DEATH Zebruary " 1948 31 5: 15 P. M		
6.(6) Name of husband or wife albertise trice	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from		
of the state of th			
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.) March 20, 1856	Immedia Crause at death OURATION		
8. AGE: Years Months Days If less than one day	College Values		
91 10 21hrsmin.	Jenustry 295-		
9. Birthplace Caroline County Maryland	Due to		
(Town, quanty, and starte)			
10. Usual occupation Retired Farmer	B. J.		
11. Industry or business	Due to		
12. Name William F. Trice 13. Birthotace Caroline County Maryland	Other conditions		
E 12 Billione Condi of Contact Manufact			
14. Maiden name Cacalia Tolvers 15. Birthplace Caroline County, Maryland 16. Informant Mrs. Thomas Diffin	(include pregnancy within 3 months of death)		
E 14. maiden name	Major findings of operations.		
El 15. Birthplace Caroline County Maryland	Date of op.		
18. Informant Mrs. Thomas Daffin	Autopsy results		
Address Federalsburg maryland R.7.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Oate thereof Jehruary 14 1948 (Burial, cremation, or removal. Which?) (monty) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Hill Crack Camelery	Where did injury occur?		
Location Federalsburg Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director of of Frampton and Son	Msens of Injury Injured at work?		
Address Fracalsburg, maryland	- Newson V. Tearso		
	23. SIGNATURE. M. D. or other		
19. Lev. 12 1948 J. J. Frampton	2/12/1/8		
(Date rec'd by registrar) Registrar	Address		



2411 N. Charles St., Baltimore

			,
Reg. Dist.	BI-	6	2
Keg. Dist.	INO		

CERTIFICAT	E OF DEATH Reg. Dist. No	90
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County	ost (own)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME A Sex J. Solor or race (6.(a) Syngle married, widowed, or divorced	Dellangale 3. (b) Social Security N MEDICAL CERTIFICATION	/ 0
J' or action	20. DATE OF DEATH. FL. 18. 19. 48.	1 3 T
6.(c) Name of husband or wife	21. I CERTIFY thaf death occurred on the date above stated; that I aftended deceas	ed from
7. Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediato cause of death	DURATION
85 5 10hrsmin.	Maria and dele	7
9. Birthplace (Town, county, and state) 10. Usual occupation	Due to	3
11. Industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death)	
14. Maiden name (Kelicosa and Baker		
14. Maiden name lelecte and Baffer 15. Birthplace Zuaregland	Major findings of operations	
16. Informant Curs Edward Devos	Autopsy results	atistically.
17. Burial Date thereof. 2 - 26+ 48	22. VIOLENCE: If death was due to exfernal causes, fill in the following: Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) Cemetery or crematory	Where did Injury occur?	(State)
Location Desitor Jud.	Injured at home, farm, industry, public place (where?)	
18. Funeral director L. Plicyil Mark + ou	Means of Injury Injured at work?	
Address 19. 7 20 19. 19. 4 8 Day of July 10	23. SIGNATURE SHAPE M. D. or Address Date signed Address Date signed	14. 1

WITH UNFADING INK. Supply every item of information carefully, important. Physicians: please write the causes of death clearly and l

WRITE

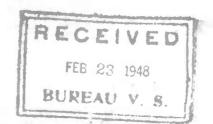
PLEASE

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FOR BINDING

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MARGIN



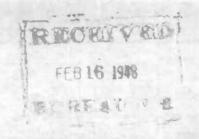
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000	ge is shown on	
V	THEM No. G 114 FEB 19	
	County Carolina	of
d leg	City or town	to
ly and	How long in above place of death?	un
clearly	How long in hospital or institution?	
death	3. (a) FULL NAME	7
of d	4. Sex 5. Color or Face 5.(a)S	in
causes o	male W	
the car	6.(b) Name of husband or wife Namazell	e
write th	7. Birth date of deceased (mo., day, yr.) 6 - 2/	
M M	8. AGE: Years Months Days	
ease	75 76 7 21	*
ls: pl	9. Birthplace Heathsville North	
siciar	10. Usual occupation of armer -	•••
hy	11. Industry or business 12. Name Lewis Wix	_
t. H	E 4/ 10	
ortan	13. Birthpiace Neathwelle 14. Maiden name Africa Uttre	П
imp	2 15. Birthplace Heathsville	
ally	16. Informant	•••
pec	Address	_
r LA	(Burial, cremation, or removal. Which?)	th
4	Cemetery or crematory	1
2	Location ladgely Ma	2

1 1 4 FFB 19 1948 CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

01497

HILM INC. G II 4 I LD IC	Reg. Diat. No.
County Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Caroline
City or town. (If outside city or town/limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	City or fowo
V	Street No
How long in hospital or institution?	2.(a) If veteran, name war
	istead 3. (b) Social Security Number
Male 5. Color or rice 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH. TUSTUS 12, 1948 at 7:55 A M
6.(b) Name of husband or wife Normagelle f. It instead. .6.(c) If alive, give age. b. 9. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 - 12 - 19.45
7. Birth dale of deceased (mo., day, yr.) $6-21-72$	and that I last saw h alive on 19
8. AGE: Years Months Days If less than one day 2/min.	2 mm
9. Birthpiace Heathsville Morthumberland Co. Vingin	1800 Hyperstensine Herr Sure 540
10. Usual occupation ofarmer - Retired	Due to Senesal Williams 20 yrs
11. Industry or business 12. Name	Other conditions Bed 625t - 5y.
14. Maiden name Afice Uttrell 15. Birthplace Leathsville, Val.	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace Heathsville, Val.	
16. Informant	Autopsy results
Address	
(Burial, cremation, or responsi. Which?) (Burial, cremation, or responsi. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or compatory Ridgely Reformed	Where did injury occur?
Location Ridgely Mary land	Injured at home, farm, Industry, Mublic place (where?)
18. Funeral director Lagar Land	Meana of Injury Injured at work?
Address Churck Hill, Md.	23. SIGNATURE HENRY SULLINE
19 February 13 19 48 Mary E. Laird (Data rec'd by registrar) Registrar	Address Date signed 2-/2-48



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01498 Reg. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbern infants give residence of mother)
County	State MAIN COUNTY CARLING
City or town	1 1 2 - 0 - 0
How long th above place of death? 30 years	(if outside city or town limits, write RURAL and give nearest town)
Hospitat, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
felle Jarler Slas	tere:
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
JA Jo. January.	20. DATE OF DEATH Tebruary 25 1948 at 11:50 P. M
Millian Duster	21. PCERTIFY that death occurred on the date fove stated; that I attended deceased from
6.(b) Name of husband or wife	Jan 5 1948 to Feb 25 1948
7. Birth date of	and that I last saw here alive on Feb. 25 19 48.
deceased (mo., day, yr.)	Impropriate ause of death DURATION
8. AGE: Years Months Days If less than one day	Chount O Montres
69 3 10hrsmin.	1
9. Birthplace Burravelli way with	Due to
(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Trace arter	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name acoa de les 15. Birthplace	Major findings of operations
15. Birthplace	Date of op.
18. Informant Dilliam Darters Husba	Author results.
11 - 6 - 4000	PHYSICIAN: Please ouderline the cause to which death should be charged statistically.
Address Tulsie 7 7 4 48	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory / Sellen (alletters)	Where did injury occur?
1 Sand	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injury Injury 2
18. Funeral director	10 10 11
Address / Valueton Tulk	23. SIGNATURE Seasle & Houseful Me W
1 2/26 . 48 mab Gened	M.D. or other
19. (Date rec'd by registrar)	Address Greenstoro, Ma. Date signed 2/26/48.

